



(Office Use Only) Rental Number: \_\_\_\_\_

## Rental Vehicle Inspection Form Post Rental

### Primary Approved Driver Information

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

### Vehicle Information

Vehicle License Plate: \_\_\_\_\_ Space Number: \_\_\_\_\_

Date of Pick Up: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ Gas Tank Reading:  Full  3/4  1/2  1/4

### Post-Rental Vehicle Inspection

List and describe any vehicle damages including scratches, dents, and missing parts. Indicate the specific location of the damage on the outlines below.





Vehicle Front

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Vehicle Back

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Vehicle Driver Side

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Vehicle Passenger Side

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Additional Comments

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**Department of Parking & Transportation Services Representative**

Printed Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_